



DHHS Discharge Summary of MaineCare Section 65M&N
Child and Family Behavioral Health Treatment or
Community Based Treatment for Children without Permanency

Child's Name: _____ MaineCare#: _____

Provider MaineCare Billing ID#: _____

Original Start Date: _____ Last Covered Day (LCD): _____

Submitted By: Name/Credential/Role: _____

Agency: _____ Date of Discharge: _____

Discharge Diagnosis:

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V (C-GAS): Entry into Service ____ Current ____

CAFAS: At Entry: ____ Current: ____

**Discharge Criteria (Measurable criteria to determine client's readiness for discharge),
Service Outcomes and After Care**

Describe Overall Level of Family/Client Involvement in Service:

List Discharge Criteria, Extent Achieved and How Measured:

List Treatment Goals Achieved and How Measured:

List Treatment Goals Not Met and How Measured:

DISCHARGE PLAN:

Follow Up Lower Level of Care Treatment:

<u>Service/Program</u>	<u>Person Responsible for Follow up</u>

Follow up Natural and Community Supports; List Roles/Relationships/Groups:

<u>Role/Relationship/Group</u>	<u>Person Responsible for Follow up</u>

Follow Up Higher Level of Care Treatment; List Services/Programs:

<u>Service/Program</u>	<u>Person Responsible for Follow up</u>

Please check all that apply:

- ☐ Family/Client has stopped/refused contact (No response to phone calls, letters or visits)
- ☐ Family/Client no longer wants services; has requested discharge
- ☐ Family/Client has moved to a different catchment area
- ☐ Goals Met- family treatment completed
- ☐ Child is currently out of the home, with no "short term" anticipated return date (65M only)
- ☐ Family/Client needs for staffing cannot be met by this agency
- ☐ Client has turned 21 years old
- ☐ Child is deceased
- ☐ Closed as Due Process has been initiated, due to reduced hours/denial
- ☐ Goals Met- referred to a lower level of service
- ☐ Goals Met- lower level of service and natural community supports implemented
- ☐ Goals Met-referred to natural community supports
- ☐ Goals Unmet-referred to a higher level of service: e.g. discharged to ACT, residential, partial hospital or hospital.
- ☐ Goals Met- overall changes in CAFAS/CGAS score since initiation of TX show significant behavioral improvement

DHHS Use only:

☐ Additional Information Needed. **Date request sent:** _____

_____ Reviewer Signature _____ Date